UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR 1.53(b)					ATTORNEY DOCKET 85971JLT Customer No. 01333					
To: Commissioner for Patents					Express Mail Label No.					
P.O. Box 1450					C 55 1 11411 1	Dabel 140	•		0	
Alexandria, VA. 22313-1450					93527954				P.TO	
THERMAL IMAGING	COMP	OSITION	AND	Date	· Son	Varley	22,200	0	.s	
MEMBER AND METHODS OF IMAGING AND					·	HEMMUN	de, au	<i></i>	260	
PRINTING									10/	
									17!	
First Named Inventor (or Application Identifier):										
Shiying Zheng, et al										
Enclosed are:										
1. X Specification							f the invention	n to		
2. Sheet(s) of drawing(s)							ak Company of a priority			
3. X Information Disclosure Statement Under 37 CFR 1.97.					8. Associate Power of Attorney					
4. Combined Declaration f	or Paten	t Application	n and Power of	Attorn	ey:					
4a. X New 4b. Copy from	a prior a	pplication (3	37 CFR 1.63(d)	(for co	ntinuation/d	ivisional w	vith Box 11 co	mpleted))	
5. Incorporation by l	Referenc	e (useable it	f Box 4b is	9.	De	letion of Ir	ventor(s).			
checked) The entire disclosure				Sig			deleting inve	ntor(s) na	amed	
which a copy of the oath or de	claration	is supplied	under Box 4b,	in t	he prior app		e 37 CFR 1.63			
is considered as being part of tapplication and is hereby incor	he discl	osure of the	accompanying	1.3	3(b).					
				: 4			.1			
10. If a 111A application after the title, by in	u prior i sertina t	be following	on of the above	-identii	ned applicati	on, amena	the specificat	ion at Pa	ge I,	
CROSS REFERE	NCE TO	RELATED	APPLICATIO	N						
Reference			ity claimed from		Provisional A	Application	Serial No.,			
filed, entitled.										
If a CONTINUING APPLIC 11. Continuation	Division	, check appr								
			Continuation-	-	` ′		ication No: ,			
12. X Please address all w	ritten co	mmunicatio	ns to Paul A. L	eipold,	Patent Legal	l Staff,				
Eastman Kodak Con	npany, 3	343 State Str	eet, Rochester,	NY 14	650-2201.					
Please Direct all tele			nny Tucker at (585) 72	2-9332.					
The filing fee has been calcula			1							
FOR: BASIC FEE	NO	. FILED	NO. EXTRA	-	RATE	F	TEE 0.550			
TOTAL CLAIMS	20	- 20 =	0	+	x 18 =		\$ 750 \$ 0			
INDEPENDENT CLAIMS	4	-3=	1		x 84 =		\$ 84			
MULTIPLE DEPENDEN	T CLA	M PRESEN	TED		+ 280		\$0			
					TOTAL		\$ 834			
X Please charge my Eastma	n Kodak	Company I	Deposit Accoun	t No. 0:	5-0225 in the	e amount o	f \$ 834			
	\mathbf{A}	duplicate co	py of this shee	et is end	closed					
X The Commissioner is here	by auth	orized to cha	arge any additio	nal fili	ng fees requi	ired under				
37 CFR 1.16 or credit any	overpa	yment to Eas	stman Kodak C	ompany	y Deposit Ac	count No.	<u>05-0225</u> .			
	A	·upiicate co	py of this shee	i is enc	\sim		,			
				L.	Trains	us I	clev			
J. Lanny Tucker/s-p			Atto	mev f	or Applica	nts	- un-			
Telephone: (585) 722-933	32				n No. 27 6					

Facsimile: (585) 477-1148